Division of Health Care Financing HCF 1066 (Rev. 12/03)

## HEALTHCHECK INFANT'S FOOD RECORD (Birth to 12 Months of Age)

Name of Infant					Date					
<b>Directions:</b> Write down everything your baby ate or drank in the last 24 hours (meals and snacks). Start with the first morning feeding yesterday to the first morning feeding today.										
Example										
3:00 AM Home 7:00 AM Home 9:00 AM Sitter			Breastfed Breastfed 3 ounces SMA with Iron, concentrate (made with 1 can concentrate and 1 can water)							
TIME	TIME   PLACE   AMOUNT AND FOOD OR BEVERAGE CONSUMED									
IIIVIL	AMOUNT AND FOOD OR BEVERAGE CONSUMED									
OFFIC	E USE ONLY	Ounces of formula	Number Breast Feed	I	Bread	Vegetables		Fruit	Meat	
				I				Truit	Ivicat	
1. Is	this the wa	y your baby eats most of	f the time?	Yes	No	If no, why not?				
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2. W		your baby in a bottle?	Breast Milk F	Formula	a	Juices	Water	Cereal		
	Milk	Jello Water	Tea							
	Other_									
3. Check any problems your baby has during feedings.										
	Choke	s and Gags Is a fu	ssy eater	Other_						
4. \	4. Where does your baby's drinking water come from?									
	Well	City Water	Bottled V	Vater		Don't know				
5. How often door your baby go to a habyritter or day core?										
5. How often does your baby go to a babysitter or day care? days a weeks Never  If baby goes to sitter or day care, are meals / food provided? Yes No										
	6. When you are short of money for your baby's food or formula, what do you do?									
6. \	When you a	re short of money for you	ur baby's food or fo	rmula, v	what o	do you do?				
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